

City of Tucson Dealer Trade Show Licensing

The Dealers-Trade Show fee for each location, each dealer remains at \$28.00. However, in anticipation of the additional costs associated with the State of Arizona's new tax simplification law, Tucson's Mayor and Council established an **annual** municipal tax license fee of \$20.00 to be charged beginning in 2015 to businesses subject to transaction privilege tax requirements.

Dealers/Vendors will pay \$48.00 and submit a City of Tucson municipal tax license application. A sales tax return will be issued to remit city sales taxes due on taxable revenues received during the show.

The new municipal tax license is an annual fee. Dealers/Vendors who paid the combined \$48 license fee at the February show will only pay the \$28 dealer/trade license fee at the September show.

Please complete the City of Tucson municipal tax license application below. To minimize any disruption of business for vendors during the show, you may pay the fee and submit the application in advance. The check in the amount of \$48.00 must be U.S. funds drawn from a U.S. bank. Please mail to City of Tucson, Revenue Investigations, P O Box 27210, Tucson Arizona 85726-7210. Revenue Investigations will stop processing pre-registrations for Dealers-Trade Show and Municipal Tax Licenses after January 22, 2015. Please note that there is no on-line system to apply or pay for either of these licenses. If you miss the mail-in deadline, there will be City Revenue Investigators attending all of the shows to collect the \$48.00 and the application. The Revenue Division staff looks forward to working together with you to make the licensing process as effortless as possible for all.

OFFICE USE ONLY	Show Name						Date(s)			
SECTION I. BUSINESS	INFORMATION	١		Please	e complete al	l secti	ons be	elow. <i>[Print]</i>		
Business (DBA) Name				E	ntity Name (if diffe	rent than	Busine	ss Name)		
Street #	Direction Street Name			 	Type Suite/Apt #					
City			State	Z	IP Code +4	AZT	PT Lice	ense#		
E-Mail Address		l		L		Fede	eral Tax I	ID#		
SECTION II. MAILING A	DDRESS AND	TELEPHONE	NUMBER	R						
In Care Of										
Street #	Direction	rection Street Name Type)	Suite/Apt#		
City				State ZIP		Code +4 (Area Code		e) Business Telephone #		
SECTION III. BUSINESS	S OWNERSHIP)		•		•				
Ownership Type Individu	ual 🗌 Partne	ership 🔲 L	тс [Corpor	ationState			Ltd. Partnership	Other	
								Revenue Division to request	this	
miormationioritax	Name	ction purposes. If provided, your Social Security Nu ame			Title		a persons	*Social Security#		
Owners, Partners, LLC	Home Address								_	
Members, or Officers	City			State	ZIP Code +4			(Area Code) Telephone #		
	Name				Title			*Social Security#		
(For Additional Names,	Home Address									
Please Attach List)	City		State	ZIP Code+4			(Area Code) Telephone #			
								pt the license authorized a Incomplete forms may no		
Print Name(s)		Signature(Title		,	Date	
Print Name(s)		Signature(s)			Title	(s)		Date	